



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1212

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/657,696	09/08/2003	005	3673	8266-0880
RULE				

APPLICANTS

Douglas J. Menkedick, Guilford, IN;
 Eugene E. Osborne, Hebron, KY;
 Robert M. Zerhusen, Cincinnati, OH;
 David A. Albersmeyer, Batesville, IN;
 Roger S. Philbeck, Lawrenceburg, IN;
 Aziz Ali Bhai, Batesville, IN;
 Nicholas C. Batta, Batesville, IN;
 Terry L. Richter, Cincinnati, OH;
 Tom Riggs, Milan, IN;
 Kenith W. Chambers, Batesville, IN;
 Steven J. Schwartz, Cincinnati, OH;
 Matthew R. Knue, Moores Hill, IN;
 Steve A. Dixon, Cincinnati, OH;
 Joshua W. Shenk, Batesville, IN;
 Brent Goodwin, Batesville, IN;
 Andrew F. Skinner, Batesville, IN;
 Gregory J. Figel, Mason, OH;
 James R. Stolpmann, Lawrenceburg, IN;
 James K. Findlay, Fishers, IN;
 Glenn C. Suttman, Batesville, IN;
 Brian J. Hoffman, Lawrenceburg, IN;
 Irvin J. Vanderpohl III, Greensburg, IN;
 David W. Hornbach, Brookville, IN;
 Paul R. Weil, Lawrenceburg, IN;
 Kenneth L. Kramer, Greensburg, IN;
 Jeffrey R. Welling, Batesville, IN;
 Eric R. Meyer, Greensburg, IN;
 Jack Wilker JR., Shelbyville, IN;
 David P. Lubbers, Cincinnati, OH;
 Roberta M. Murnyack, Cincinnati, OH;
 Cami S. Scheele, Batesville, IN;

** CONTINUING DATA *****

This appln claims benefit of 60/408,698 09/06/2002 and claims benefit of 60/409,748 09/11/2002
 and claims benefit of 60/489,171 07/22/2003
 and claims benefit of 60/490,467 07/28/2003

O.K. R.S.

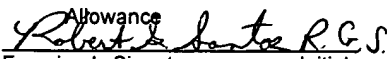
** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

met Verified and Acknowledged	<div style="text-align: center;"> <div>Allowance</div>  </div> <div> <div>Examiner's Signature</div> <div>Initials</div> </div>	IN	138	50	7
ADDRESS 25267					
TITLE Hospital bed					
FILING FEE RECEIVED 1756	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees			
		<input type="checkbox"/> 1.16 Fees (Filing)			
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)			
		<input type="checkbox"/> 1.18 Fees (Issue)			
		<input type="checkbox"/> Other _____			
		<input type="checkbox"/> Credit			